

Dear ,

has/have applied to this agency to care for a child as a and has/have given your name as a reference.

Since the safety and well being of children are important and because you know this family, your comments are valuable to the agency. Your response will be treated as confidential by the agency and will not be disclosed unless required by law or court order.

Enclosed is the reference questionnaire for you to complete, or if you would like, this form is available electronically by going to <http://www1.dshs.wa.gov/msa/forms> and downloading DSHS form number 15-286. Feel free to use the back of the form or attach additional paper. Please return the questionnaire by . Enclosed is a self-addressed stamped envelope for your convenience. You may call me at ( ) , or e-mail me at if you have any questions.

Thank you for your time and help in this process.

Sincerely,